

APPLICATION FOR GRACE PERIOD AND EARLY VOTERS

Applicant's Name	
Street Address	
City (City/Ward) or Township*, State, Zip	
County	
Date of Birth**	
Phone Number**	
Email Address**	
To be voted at the	Election
Date of Election	
Precinct	

For Election Authority's Use Only	
Ballot Style:	
Voter ID:	

For Election Judge's Use Only	
Initials:	
Voter's Consecutive Number:	

(Primary Only) I request a ballot for the:
_____ Party.

☐ Check here if you would like a nonpartisan ballot (referenda only)

*Fill in one of the following (1) Township, (2) City, or (3) City and Ward

**Optional information; even though this is not required, providing it may aid in the processing of your ballot

I certify that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, and that I am lawfully entitled to vote in such precinct at said election to be held therein.

☐ **Grace Period Registrant** (I have registered or transferred my registration during the period of 27 days up through election day at the office of the election authority, polling place or a designated location). I understand that if I cast a grace period ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

☐ **Early Voter** I am casting a ballot during the period of 40 days prior to the primary/election and extends through the day before the primary/election. I understand that if I cast an early ballot that I shall not be permitted to revoke that ballot or vote another ballot with respect to the election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

Signature of Applicant

Today's Date

Grace Period Registrants
If the election authority does
not yet have ballots printed,
please mail it to this address:
